



Turning Points Educational Solutions
 1261 Lincoln Ave., Suite 104
 San Jose, CA 95125
 408-439-1111, kim@turningpointsted.com

Consent and/or Authorization to Release/Exchange Information

I hereby authorize:

- Doctor: _____
Name/Telephone Number
- Therapist/Psychologist: _____
Name/Telephone Number
- School (Teacher, School Psychologist): _____
Name/Telephone Number
- Other: _____
Name/Telephone Number/Title

To _____ **release** and/or _____ **exchange** the following information _____ **educational**,
Initial Initial Initial
 _____ **medical**, _____ **observational** relating to _____ to Kim Noll,
Initial Initial Client Name/Birthdate

Ed.S., at Turning Points Educational Solutions.

This authorization shall remain in effect for one year from the date of signature unless a different date is specified here _____.

I understand that the authorization is voluntary, and I may revoke consent at any time by providing written notice to Kim Noll, Licensed Educational Psychologist, and that after one year this consent automatically expires. I have been informed of the information that will be given/obtained, its purpose, and who will receive the information. I understand that I have the right to receive a copy of this authorization. I understand that I have a right to refuse to sign this authorization. I understand that Turning Points Educational Solutions will not condition treatment or payment on my providing or refusing to provide this authorization. I understand that the recipient may not lawfully further use or disclose the information unless another authorization is obtained from me or unless such use of disclosure is specifically required or permitted by law. I understand if I have authorized the disclosure of health information to someone who is not legally required to keep it confidential, it may no longer be protected by state or federal confidentiality laws.

Specify any limitations or restrictions to the information disclosed: _____

Your relationship to the client: _____ Self _____ Parent/Legal Guardian

 Signature of Client or Legal Guardian

 Date